STATE OF NEW JERSEY Department of the Treasury Division of Taxation PO Box 269 Trenton, NJ 08695-0269

EMPLOYEE'S CERTIFICATE OF NON-RESIDENCE IN NEW JERSEY

(To Be Used By Pennsylvania Residents only)

Print or Type				
First Name	MI	Last Name		Social Security No.
Street Address				
City			State	Zip Code
Note: If you change y within 10 days.		rom Pennsylvania	to any other state	, you must notify your employer
to an agreement exist	ing between tha Income Tax on	t State and the Sta compensation pa	te of New Jersey, id to me in the St	ate of Pennsylvania and that, pursuant I claim exemption from withholding tate of New Jersey and authorize my
(Date)			(Signature)	

NEW JERSEY EMPLOYER:

You are required to have a copy of this form on file for each employee receiving compensation paid in New Jersey and who is a resident of Pennsylvania and claims exemption from withholding of New Jersey Gross Income Tax under the reciprocal agreement entered into between New Jersey and Pennsylvania.

MAY BE REPRODUCED